





Acknowledgments

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Latino Affairs
Commission

The Ohio Commission for Hispanic and Latino Affairs (OCHLA) participated in the conceptualization and implementation of the survey in collaboration with the

above partners. The initial findings were reported during OCHLA's 2020 Latino Affairs Summit and we will continue to partner with them on the dissemination of this report.

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Executive Summary¹

The COVID-19 pandemic has had a significant impact on communities throughout the United States. Nationally, the Hispanic/Latinx community has been especially hard hit, with the pandemic highlighting significant inequities and exacerbating already existing disparities. The disproportionate impact of COVID-19 on Hispanics/Latinxs is evident not only in the physical and medical effects of the virus but also in the social and economic effects of the crisis, with initial projections estimating that it may take up to a decade, at minimum, for this population to recover from the COVID-19 pandemic.

We know the Hispanic/Latinx community in Ohio is strong and resilient. Despite its strength and resilience, Hispanic/Latinx Ohioans are experiencing lasting impacts due to the pandemic. In order to better understand the extent and significance of these impacts, The Ohio State University along with Cleveland Clinic, the University of Toledo and the University of Cincinnati implemented a statewide survey of Hispanic and Latinx households and conducted virtual focus groups with Hispanics and Latinxs in Ohio from October 2020-November 2020 to assess the impact and reactions to the ongoing pandemic. To our current knowledge, it is the most comprehensive attempt to obtain quantitative and qualitative data on the impact of COVID-19 on Hispanic/Latinx Ohioans.

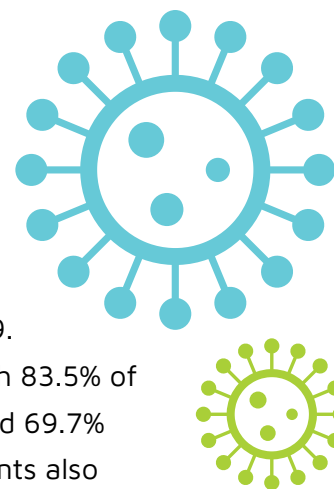
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Health Implications

Nationwide, approximately 22% of Hispanics/Latinxs know someone who has been sick with COVID-19. According to our survey, 38.7% of respondents reported having a family member diagnosed with COVID-19, 20.7% of respondents had a family member hospitalized due to COVID-19, and roughly 10% percent of respondents reported a family member had died from COVID-19.

Hispanics and Latinxs in Ohio also reported negative mental health impacts with 83.5% of respondents reporting worsening anxiety, 79.4% reporting worsening mood, and 69.7% rating their distress level on a 1-10 scale as a 7 or above. Focus group participants also overwhelmingly spoke to the impact on mental health.



Economic Implications

Nationally, Hispanics/Latinxs have borne a disproportionate burden of the economic impacts of the pandemic, and the COVID-19 pandemic has had similar impacts on Ohio Hispanic and Latinx families. Among survey respondents, 66.9% experienced a decrease in income, 75.0% experienced a reduction in work hours, and 23.6% experienced permanent job loss.

Family and Social Impacts

The COVID-19 pandemic has altered much of our daily lives including our household, family and social functioning. For Hispanics and Latinxs, these changes and needed adjustments can be particularly challenging as a cultural group that heavily centers values of community, group membership, belonging, and affection. In terms of family functioning, 63.2% of respondents reported the pandemic made their ability to care for children with an illness or condition worse, 65.0% reported the pandemic made their ability to care for other children in the family worse, and 69.4% reported the pandemic made their ability to care for older adults or individuals with disabilities in the family worse. These disruptions to family functioning were also particularly noteworthy during focus group discussions with many participants alluding to the challenges social distancing, quarantine and limited social interactions have posed.

The pandemic has also caused massive disruptions to children's everyday lives with schooling and education undergoing various changes resulting in varied degrees of disruption. According to our survey, 91.2% of respondents reported closures of children's schools or child care centers and 82.0% reported overall disruptions to their children's education.

It should be noted that this report was based on results obtained prior to the approval and dissemination of COVID-19 vaccines. While any reference to data related to the vaccine is unavailable, the authors do provide recommendations related to vaccine uptake and dissemination.



The Impact of COVID-19 on Ohio's Hispanic/Latinx Communities

Introduction

The COVID-19 pandemic has had a broad and far-reaching impact on individuals, communities and society-at-large. The rapid spread of the virus caused abrupt and rapid shifts in our “normal” and day-to-day life and caused disruptions across systems and institutions. It is undeniable that the virus has delivered devastating blows to various sectors across the United States, including the healthcare system, which has been extremely overwhelmed with the influx of COVID-19 cases, hospitalizations, and tragically, deaths. As of January 1, 2021, the Centers for Disease Control and Prevention (CDC) has reported a total of 20,397,546 cases of COVID-19 and 346,925 deaths have been linked to the virus within the United States.² This alone is devastating, yet the pandemic rages on with new cases reported every day. A seven-day moving average generated at the start of 2021 registered an estimated 190,728 new cases daily across the US.² Even more devastating have been the various consequences of the COVID-19 pandemic highlighting enduring racial and ethnic health inequities and exacerbating already marked disparities, including US Hispanic and Latinx health disparities.

National Data/Trends

The most recent census estimates 328,239,523 people live in the United States with nearly 18.5% of the population (i.e., 60,724,312 people) being made up of Hispanics or Latinos.³ The proportion of the US population identifying as Hispanic or Latinx continues to grow over time. A Pew Research Center analysis of recent population estimates shows that from 2010 to 2019, the U.S. population increased by 18.9 million with Hispanics accounting for more than half (i.e., 52%) of this growth.⁴

COVID-19-related health disparities, among the Hispanic/Latinx community, are particularly evident when national data on COVID-19 cases,





hospitalizations, and deaths are broken down by race and ethnicity. **According to the CDC, Hispanic and Latino individuals have a COVID-19 case rate 2.0x that of White, Non-Hispanic individuals.**⁵ American Indian or Alaska Native, Non-Hispanic individuals have a case rate 1.6x, Black or African American, Non-Hispanic individuals 1.1x, and Asian, Non-Hispanic individuals 0.7x that of White, Non-Hispanic individuals.⁵

While data on the number of cases by race and ethnicity begins to illustrate the disparity in impact within the US Population, the disparities continue as the data on hospitalizations are analyzed. Rate of hospitalizations among Hispanic and Latino persons is 3.0x that of White, Non-Hispanic persons. The rate among the American Indian and Alaska Native persons is 3.5x, among Black or African American persons 2.8x, and among Asian persons 1.0x that of White persons.⁵

Unsurprisingly, the narrative of a disproportionate impact continues when looking at deaths from COVID-19. Individuals identified as Black or African American, American Indian or Alaska Native, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander have a higher rate of death per 100,000 people compared to White persons.⁶ These data continue to support what so many have already been reporting: COVID-19 is disproportionately affecting Latinx, Black, Indigenous and other people of color when compared to their White, non-Hispanic neighbors in the United States.

Hispanics and Latinxs and Health Inequity

In an attempt to understand the significant inequity Hispanics or Latinxs face in the midst of the COVID-19 pandemic, it is important to consider structural barriers in receiving healthcare that drive inequity. One of these barriers is access to health care insurance.

Lack of health insurance is a known barrier to receiving healthcare for the Hispanic/Latinx community in the US. The Affordable Care Act (ACA) has been instrumental in helping many across the US obtain insurance coverage. Thus, the percentage of U.S. adults without health





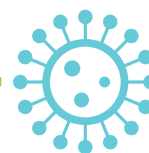
insurance fell from 20.5% in 2013 to 12.3% in 2017. However, the uninsured rate remains higher among Latino (25.1%) than White adults (8.5%).⁷ Despite efforts of the ACA, Hispanic/Latinx adults in the US still have the highest uninsured rate of any other racial/ethnic group.⁸ Restrictive health policies that exclude immigrants, especially those who are undocumented, from receiving coverage under the ACA contributes to this disparity in health insurance coverage. Given that nearly half of the uninsured adult Hispanic/Latinx population is thought to be undocumented, this ineligibility criterion has significant implications for coverage.⁹ Lack of insurance coverage is already a barrier to healthcare access at baseline, which is only being heightened in the midst of the the pandemic with pandemic-related job loss and work disruption, resulting in devastating consequences given COVID-19 associated morbidity.

Language accessibility and linguistic competence within the healthcare system are also structural barriers facing Hispanics and Latinxs. According to a report published by the American Medical Association (AMA), the majority of US Hispanic/Latinx households speak Spanish at home. **The report cites that language usage varies by age group, generational status, and country of origin. It estimates amongst all Latinos, 25% are English-only speakers, 36% are bilingual in both English and Spanish and 38% are Spanish-only speakers.** While the Spanish language is prevalent within this community at large, it is even more prevalent among Hispanics/Latinxs of foreign-born origin, with an estimated majority (60%) Spanish-only speakers.⁹ **Language barriers during the pandemic, especially early on, presented additional challenges for the community in receiving accurate and timely information regarding the status of COVID-19, which only increased the burden of the pandemic on this already vulnerable population.**



Language barriers during the pandemic, especially early on, presented additional challenges for the community

in receiving accurate and timely information regarding the status of COVID-19.



Language usage in Latino households:

- 25%** are English-only speakers
- 36%** are bilingual in both English and Spanish
- 38%** are Spanish-only speakers



Concerns regarding immigration present challenges for Hispanics and Latinxs in the US that must be examined in an attempt to understand the intersectional barriers the group faces in the midst of the COVID-19 pandemic. As immigration continues to be a subject of national political discourse, immigration concerns are creating additional anxiety for many in the US during the global pandemic. Just before the start of the pandemic, the Department of Homeland Security (DHS) issued a revised and more restrictive public charge rule which took effect on February 24, 2020. The rule, as currently outlined, deems individuals generally inadmissible to the United States and ineligible to become a lawful permanent resident based on whether or not they are likely to become a “public charge,” or reliant on various public benefits. For the first time, non-cash benefits that many rely on, such as Medicaid, food-stamps and subsidized housing programs, were included in the public charge evaluation. This was particularly impactful for those seeking permanent residence through family member petitions and those seeking and applying for “green cards”;¹⁰ and make it increasingly challenging to meet one’s basic needs, including food, housing and healthcare, due to perceived threat to citizenship if public benefits are utilized. Although this August 2019 Public Charge Final Rule is no longer being enforced, it increased fear and mistrust among immigrant communities, resulting in increased avoidance of public benefits and other government programs. The vilification of public assistance combined with the public health crisis and financial and economic impacts of the COVID-19 pandemic have surely contributed to the exacerbation in disparities among the Hispanic and Latinx community.

In addition to recent legislation concerning immigration, the AMA published a report citing concerns over increased police presence in Hispanic/Latinx communities amidst the COVID-19 lockdown. This increased police presence, in conjunction with increased anti-immigration rhetoric during the previous administration and active immigration enforcement, has certainly caused increased stress for many in these communities. The mistrust of the government generated by these actions has resulted in hesitation to seek healthcare and delayed access to needed services, including testing and treatment for COVID-19.⁹ Relatedly, these actions may also contribute to vaccine hesitancy.

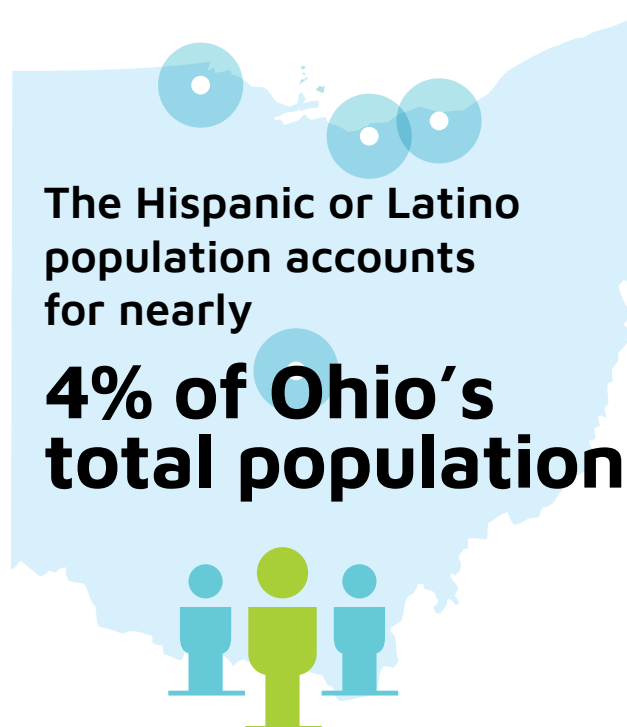




COVID-19 and Hispanic and Latinx Ohioans

While the national data clearly outline the disproportionate impact of the COVID-19 pandemic across the country on Hispanics and Latinxs, the data for states, such as Ohio, are lacking. As made evident above, Ohio has a large and growing Hispanic and Latinx population, which accounts for a sizeable portion of the state total. For this reason, it is imperative that this lapse in data is addressed and a better picture of the impact of the pandemic is captured at the state level. It is here where changes and initiatives intended to bridge these gaps and create better outcomes for this population can have more direct impact and can be custom tailored to address specific population needs.

As of July 1, 2019, an estimated 11,689,100 people lived in the state of Ohio, of which the Hispanic or Latino population accounts for nearly 4% of Ohio's total population (i.e., 467,564 people).³ This number is representative of the substantial growth this population has seen in the state of Ohio, which has doubled since the year 2000 and continues to grow. Of this total, data collected in a 2018 report by the Ohio Commission on Hispanic/Latino Affairs show that nearly 93,000 were born outside of the US and nearly 47% are of Mexican ancestry, 30% Puerto Rican ancestry, along with other representation from Guatemala (4%), the Dominican Republic (3%), El Salvador (3%), Cuba (2%) and the remaining 11% are reported as other Hispanic or Latino. The median age of this population is significantly lower than that for all Ohioans, 28.5 years compared to 39.5 years. This population is predominantly concentrated in urban areas of the state. **One in every three Hispanic Ohioans live in one of four cities in Ohio: Cleveland, Columbus, Lorain and Toledo.**



One in every three Hispanic Ohioans live in one of four cities in Ohio:

- Cleveland
- Columbus
- Lorain
- Toledo



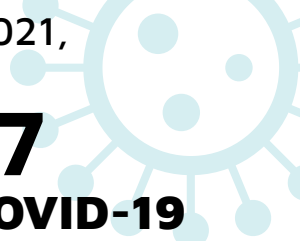
The median reported household income for Hispanic Ohioans is lower than that of all Ohioans, at \$45,000 compared to the state median at \$56,000. This varies among country of origin as well, where immigrant households from Mexico have a median income of \$43,000 and those from Central America have a much lower median, at \$36,000. Twenty four percent of of Hispanic Ohioans live below the poverty line, and of Ohio's 89,000 Hispanic family households, one fifth live in poverty. **Hispanics make a large contribution to the Ohio economy, with over 16,000 Hispanic-owned businesses, with receipts collectivity of nearly \$2.8 billion dollars.** Hispanics are heavily represented in construction firm positions, food service, manufacturing and health care/social assistance positions. The unemployment rate for Hispanic Ohioans is nearly 7.3%. According to data collected simultaneously, only around half of Hispanics in Ohio speak English at home, yet 80% of Hispanics report speaking English "very well" and roughly 9 out of 10 foreign-born Hispanics speak Spanish at home.

According to data published by the Ohio Department of Health as of January 1st, 2021, there have been a total of 735,197 cases of COVID-19 reported in Ohio, along with 36,015 reported hospitalizations, and 9,680 reported COVID-19 related deaths.¹²

Of these reported cases, 3.2% (23,627 cases) have been identified as Hispanic and Latinx patients. Hispanic and Latinx patients have accounted for approximately 3.6% (1,302 hospitalizations) of the reported



**There are over
16,000
Hispanic-owned businesses
contributing to Ohio's
economy with receipts
collectivity nearly
\$2.8 billion**



**In January 2021,
there were
23,627
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among Hispanics and Latinxs
in Ohio, along with**



**1,302
hospitalizations, and
174 deaths.**





hospitalizations and nearly 1.8% (174 deaths) of the COVID-19 related deaths in Ohio.¹³ Ethnicity was only reported by the Ohio Department of Health in 65% of cases, 86% of hospitalizations, 88% of deaths. However, it is still important to critically examine the data available to identify disparities among various communities, recognizing that the impact of a given population could be far greater than represented due to gaps in available data.

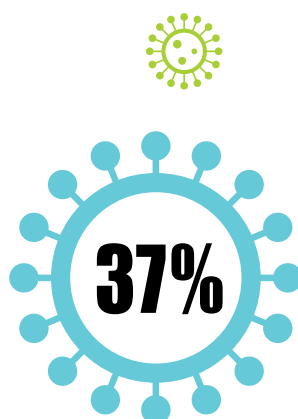
Given the profound impact the COVID-19 pandemic has had on Hispanics and Latinxs nationally, we sought to better understand the pandemic's local impact. In order to better characterize and describe the varied effects of COVID-19 among Hispanic and Latinx Ohioans, the COVID-19 Exposure and Family Impact Survey,¹⁴ available through the Center for Pediatric Traumatic Stress, was distributed using targeted emails and texts to Hispanic and Latinx residents in Ohio. A total of 124 community members (73.0% female) residing in 4 primary geographic regions across Ohio (SE, Central, NE and NW) completed the survey electronically. Additionally, we conducted virtual focus groups with community members and stakeholders representing these same 4 geographic regions to obtain qualitative feedback about personal, family, and household impacts. The goals of the focus groups were to provide more personal narratives of the various impacts and to capture the humanity behind the numbers.

Morbidity and Mortality

Data collected using the survey revealed a much more in-depth picture of the morbidity and mortality of the COVID-19 pandemic among the target population in Ohio, with specific emphasis on exposure to the virus, hospitalization and ICU admissions, and deaths linked to COVID-19.



of survey respondents indicated that a family member or someone living in their household was **exposed to someone that tested positive for the virus.**



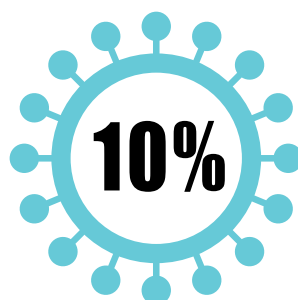
of survey respondents reported that at least one person in their family was **diagnosed with COVID-19.**



of survey respondents reported that they had a family member who was **hospitalized with the virus.**



of survey respondents indicated that they had a family member who was **admitted to the ICU for treatment of COVID-19.**



of respondents reported that they had **a family member die from COVID-19.**




Regarding exposure, 50% of survey respondents indicated that a family member or someone living in their household was exposed to someone that tested positive for the virus. In terms of cases and hospitalizations, 38.7% of survey respondents reported that at least one person in their family was diagnosed with COVID-19, while 20.7% of respondents reported that they had a family member who was hospitalized with the virus. Also, 13.5% indicated they had a family member who was admitted to the ICU for treatment of COVID-19. Approximately, 10% of respondents reported that they had a family member die from COVID-19.

”

Hoy mi tía, en New Jersey, una tía que ya falleció ella, también fue positiva de COVID, pero aparentemente las causas de su muerte fueron complicaciones, de enfermedades que ella tenía, pero igual ella estaba positivo con COVID... Sí, estuvo aislada en el hospital. Los últimos días no la pudieron ver mis familiares, no pudieron comunicar, no se comunicaron con ella, está completamente aislada. Pero, supuestamente las causas de su muerte fueron debido a otras complicaciones médicas que ella tenía.

“And my aunt, in New Jersey, my aunt died. She was also positive with COVID, but apparently, she died of complications, of other illnesses that she had, but all the same she was positive ... And, yeah, she was all alone in the hospital.” In her last days her family couldn’t see her, they couldn’t talk to her. She was completely isolated. But they say that the cause of death was from other medical complications.”



Yo fui al hospital...que ya me sentía, no quería ir, en verdad no quería ir, ya me sentía que no me, que la respiración no, no me, ya no me daba la respiración y andaba agitado. Este, no me caía, no me caía nada la comida, nada, no me llegaba el sabor, no comía, entonces, ya, ya dije "¿Sabes qué? Llama al hospital." Llegué allí, luego me, me internaron. Y luego me hicieron el test del COVID-19, y me dijeron "No, tienes COVID-19, te vas a quedar.,, Y yo fui, me mandaron, me llevaron para el cuarto, y, y yo decía "Pues, no, no sé el inglés." Me metieron en un cuarto todo frío, estaba frío. Y ya yo le decía, yo decía un poquito en inglés, decía "Eh, está cold. Tengo-" decía, "Tengo frío." Y no me entendían...No, no, no hablaban nada de español. Ni uno hablaba español. Nadie hablaba español. Y tenía que hacer a señas, que si no me entendían. No me entendían nada, y para la medicina, pues tampoco le- no me entendían nada... Cinco, cinco días allí, estaba feo y sin saber como decirle "Eh, necesito algo.,," o "¿Sabes que me duele, me duele algo?" ¿Cómo? Like No podía estar con nadie, solo, no podía estar con nadie... Nadie me podía ver, nadie, nadie."Nada más solo, solo.

"I went to the hospital ... But I felt like I didn't want to go, in reality I didn't want to go. I felt like I couldn't breath and I was gasping for air. And I couldn't eat anything. I couldn't eat, I couldn't taste. I didn't eat. And then I just said: "You know what? Call the hospital. When I got there, they saw me. And then they gave me the COVID test, and they said: "No, you don't have COVID but you are going to stay ... And, they took me to a room, and I just said "Well, I don't speak English." And the room was really cold. And then I told them in whatever English I could muster - cold. I have - I said - I am cold. And, they didn't understand me ... They didn't speak any Spanish. Not one of them spoke Spanish. No one spoke Spanish. I had to make gestures to see if they understood me. They didn't understand anything and even about the medication - they didn't understand anything. I was there for five days; it was really bad and I had no way of saying "I need something" or "I am in pain." I couldn't be with anyone; I was alone; I couldn't be with anyone ... No one could visit me, no one. Just me, alone."





Healthcare Impact

The United States Census Bureau estimates that 7.8% of Ohioans under 65 years of age are living without health insurance.³ Unfortunately, there is reason to believe this number was exacerbated by the financial hardships and economic impact of the COVID-19 pandemic, leaving even more Ohioans uninsured or underinsured in the midst of a global health crisis. This was supported by data from the survey with 16.2% of respondents endorsing loss of insurance or health benefits as a result of pandemic-related events.

The pandemic also significantly impacted Ohioans' ability to access needed healthcare and willingness to engage with the healthcare system in some ways due to fear of contracting the virus in these settings. **Results from the survey found that 24.3% of respondents had difficulty obtaining needed healthcare and 24.3% also had difficulty obtaining needed medicine.**

While insurance status and the economic impact of the pandemic presented difficulties for patients to access traditional healthcare, telehealth also drastically changed the way in which many did access care when necessary. Telehealth services have played a large role in the healthcare system during the COVID-19 pandemic, especially managing the diagnosis and treatment of disease as the healthcare system continues to be overwhelmed with treating patients infected with the virus. As the threat of COVID-19 began to impact access to healthcare, many turned to telehealth to seek care. As the number of COVID-19 cases increased, interest in telehealth in the US increased drastically, which was characterized by volume of search inquiries for telemedicine services.¹⁵

This theme was consistent with limited data published from Ohio. For example, the Department of Family Medicine at The Ohio State University Wexner Medical Center, in Columbus, OH, reported that in a matter of a few weeks, use of telehealth at their clinic went from less than 5% of patient visits to almost 93%. This indicates a drastic increase in use of technology to deliver care and communicate healthcare information.¹⁶



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While the quick adaptation of many hospitals and health systems helped meet gaps in care for patients during the pandemic, data collected on the proportion of hospitals in each state with telehealth capabilities showed that Ohio only reported 63.7% of its hospitals as having such a system in place. This leaves large gaps in care for those who may not be connected to these particular hospitals.¹⁵

Some focus group participants found telehealth services to be a viable and useful alternative for healthcare during the pandemic. However, gaps in telehealth services were also experienced and described by focus groups participants. Participants noted challenges with adequate interpretation services integrated or offered with telehealth services.

”

Bueno las veces que yo he ido pues ya antes era en persona pero ahora pues ahora solamente por video llamada y muy buena atención y todo sí.

“Well the times that I have gone it has been in person but now it is all by video conference. It is very good care. Yes.”


Van a volver otra vez a las llamadas telefónicas y no es lo mismo porque los pacientes necesitan que le hagan algún examen físico y por teléfono ellos no pueden. Aún por cámara, tiene que ser en persona y se pierde mucho ahí.

“They’re going back to the telephone calls and it’s not the same because the patients need to have a physical checkup and, on the telephone, they can’t really do that. Even with a camera. It has to be in person, or a lot is lost.”

Yo decido en persona y hay opciones de video llamada...nunca me han ofrecido traducción.

“I choose in person and there are video options ... They have never offered interpretation services.”





The COVID-19 pandemic also posed challenges for members of the Hispanic and Latinx community in Ohio to obtain critical health and public health information. Approximately 15.5% of survey respondents found it difficult to access such important information due to language barriers.

”

Pero sí veo que en la comunidad este, que vienen muchos y me preguntan, o me hablaban a mi, me preguntaban, porque tenían este, dudas, preguntas, y no hay dónde agarrar esa información tan fácil, como las demás personas... no toda la gente tiene esta información, y yo pienso que, que sí este, como hispanos, este, no tenemos ese apoyo...

“But I perceive that in the community, a lot of people come and ask me because they have questions and concerns and there is no easy way to access that information ... Like everyone ... Not everyone has that information and I think that as Hispanics we don’t have that support.”

No todos tienen acceso a las noticias a veces, a ver el canal de [inaudible], o muchas personas todavía viven sin tecnología, este, por ejemplo, como mi mamá. Pues mi mamá no tiene celular. Mi mamá no, casi es raro que cuando ve la tele, y cuando ve la tele solo ve el canal mexicano.

“Not everyone has access to the news ... To the channel [inaudible] or a lot of people just live without technology, like for example, my mom. My mom doesn’t have a cell phone. She rarely watches TV and when she does, she watches the Mexican channel.”

Y solamente miraba pues, las noticias de Nueva York, las noticias de Atlanta, las noticias de Florida y, este, no hay mucho, en la comunidad hispana en sí, que le avise de lo que está pasando. Yo veo que en, hay más apoyo en el inglés, que en el español. Y yo veo que la gente que no habla inglés batalla para, para agarrar información, o para ahm, [inaudible] asistencia o ayuda en algo.

“And she only watched the news from New York, from Atlanta, from Florida and, like, there is not much about the Hispanic community itself, that will inform her about what’s happening. I feel that there is more support in English than in Spanish. And I see that people that don’t speak English struggle to get information or to ahm [inaudible] help for some things.”



Economic Impact

The COVID-19 pandemic has had a profound impact on the economic well-being and financial stability of Hispanic and Latinx families. As a group, Hispanics and Latinxs are the most likely to experience job or income loss during the COVID-19 economic downturn.

The National Bureau of Economic Research recently explored the impacts of COVID-19 on minority unemployment. Just two months after state governments began implementing social distancing measures, the US unemployment rate increased from 3.5% to roughly 14.7% with rates rising sharply for Latinxs and African Americans. **The Latinx community was disproportionately impacted, with an unemployment rate as high as 18.2%. Of note, this was a 13.5% increase from an initial 4.7% unemployment rate recorded in February 2020. This was the largest increase observed for any group within the US during the early months of the pandemic.¹⁷**



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This disproportionate impact stems from the types of jobs that Hispanics or Latinxs in the US are more likely to hold. For example, Unidos US estimates Latinos make up almost 24% of the service sector.¹⁸ Data collected by the Kaiser Family Foundation affirms this notion, citing this group as more likely to work in the service industries such as restaurants, retail, and hospitality, which were all significantly impacted by the pandemic.⁶ In addition, Hispanics and Latinos, as a group, are least likely to have jobs amenable to teleworking or are unable to work from home, contributing to possible job loss or reduction in hours and income due to stay-at-home orders and related policies.^{19, 20, 21}

A national survey of Hispanics and Latinxs found that 29% of families had a family member who lost their job, 52% of families had their hours cut or pay cut.²² The employment numbers for Latina workers during the COVID-19 recession are even more striking. Latina workers experienced the largest increase in unemployment between February and April 2020, and nearly 1 in 5 Latina workers were unemployed in April 2020.²³

More locally to Ohio, there are also indicators of the substantial economic impact the COVID-19 pandemic has had on Ohio Hispanic and Latinx families. Results from the survey indicate that among respondents, 66.9% saw their income decrease, 75.0% saw their hours cut back, 58.5% were required to stop working even temporarily, and 23.6% lost their jobs permanently. Of note, 67.6% of respondents reported someone in their family is an essential worker and 24.3% reported a family member is a healthcare provider or first responder.



The economic impact the COVID-19 pandemic has had on Ohio Hispanic and Latino families:



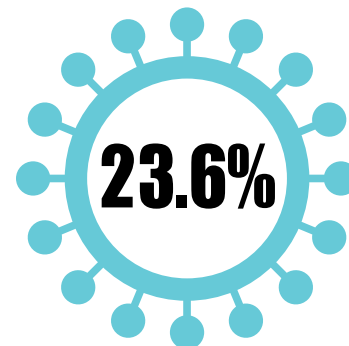
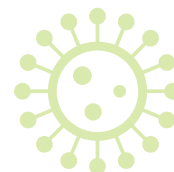
Saw their **income decrease**



Saw their **hours cut back**



Were **required to stop working** even temporarily



Lost their jobs permanently.

”

...el momento que me fui para Ecuador porque yo tuve que irme a Ecuador al lugar de donde es mi esposo pues yo ya no pude regresar al trabajo ya no regresé al trabajo. Tuve que buscar otro trabajo.

“At the time that I went to Ecuador because I had to go to Ecuador where my husband is from and I could no longer go back to work. I never went back. I had to find another job.”



...muchos de mis pacientes han perdido el trabajo, muchísimos y nosotros ayudamos a personas de bajos recursos y donándoles medicinas, medicinas supremamente costosas y muchos muchos pacientes han perdido el trabajo y no han podido volver o sea todavía no han vuelto a conseguir trabajo, todavía no hay fuerza o pues no hay posiciones.

"Many of my patients have lost their jobs and we help people with limited resources, giving them medicines, very expensive medicines and many patients have lost work and have not been able to go back or find another job. There still aren't many jobs available."

A mi me ha perjudicado mucho. Yo trabajo en la construcción y mis trabajos son programados por agenda. Yo tengo más o menos una agenda programada por 4 meses entonces con la cuarentena y con todo el rollo me ha tocado presionar mucho y a, o sea, mi hijo llenando máxima que mas de trabajo sin tener tiempo entonces realmente me he organizado mucho en mi agenda y no logro cumplir con muchas cosas en eso me he visto perjudicado la verdad Yo no podía trabajar durante la cuarentena. Todo se me retrasó y se me cuadra la agenda. Pero, la verdad es que no me siento bien sobre el trabajo ahora.

"I work in construction and my jobs are scheduled. It has had a really negative affect on me. I have a schedule of about 4 months so when the quarantine was imposed it really put pressure on me. I have had to redo my schedule since there were many things that I couldn't do during quarantine. Everything was behind and it messed up my schedule. But, I don't really feel good about the work situation right now."






Due to financial hardships, families are often forced to make difficult decisions in terms of meeting basic needs and/or are forced to make sacrifices to meet needs deemed most important. In a national survey, 41% of families reported they had difficulty meeting their rent or mortgage payment, 42% used up all or most of existing savings to pay for family expenses, 33% postponed or cut back on health-related expenses, and 32% skipped a monthly car, rent or mortgage payment.²²

This experience was reflected among Hispanic and Latinx Ohioans with survey respondents indicating difficulties meeting basic needs including obtaining food (30.4%) and difficulties obtaining other essentials (33.0%).

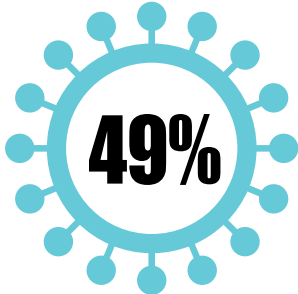
Family and Social Impact

The COVID-19 pandemic has changed how we navigate our daily lives. From recommendations about masking, social distancing and hand washing, to stay-at-home orders, we have had to adjust our expectations of “normal life.” For Hispanics and Latinxs, these changes and needed adjustments can be particularly challenging as a cultural group that heavily centers values of familismo, personalismo, and espiritualismo. **Nationally, Hispanics and Latinxs have viewed the COVID-19 pandemic as having a significant impact on daily life with 89% of Hispanics and Latinxs viewing the pandemic as a threat to day-to-day life in their local community, with 49% saying COVID-19 is a major threat compared to only 36% of US adults overall.**²⁴

 How Hispanics and Latinxs have viewed the COVID-19 pandemic as a major threat compared to all US adults:



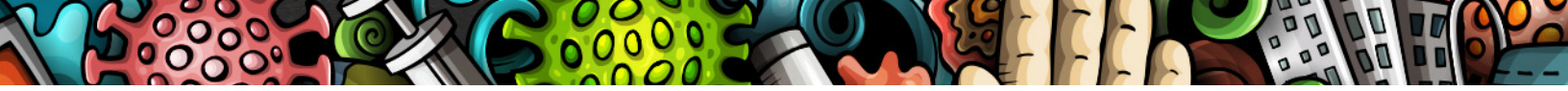
of Hispanics and Latinxs viewed the pandemic as a **threat to day-to-day lives in their local community**



of Hispanics and Latinxs viewed COVID-19 as a **major threat**



of Hispanics and Latinxs **US adults overall** viewed the pandemic as a **major threat**



Locally, Hispanic and Latinx Ohioans report changes in their daily lives including significant disruptions to family functioning and social functioning. For example, 79.3% of respondents reported the pandemic resulted in an inability to visit or care for a family member, and 93.6% of respondents reported the pandemic resulted in important family events being cancelled or otherwise missed. In terms of residential changes, 52.3% reported their family lived separately due to health, safety or job demands, and 19.8% reported someone had to move into or back into their home. In terms of family functioning, 63.2% of respondents reported the pandemic made their ability to care for children with an illness or condition worse, 65.0% reported the pandemic made their ability to care for other children in the family worse, and 69.4% reported the pandemic made their ability to care for older adults or individuals with disabilities in the family worse.

”

Extraño los abrazos, los saludos, los besos de las amistades que tiene uno donde uno convivía.

I miss the hugs, the greetings, the kisses from friends and the spaces where we gathered.

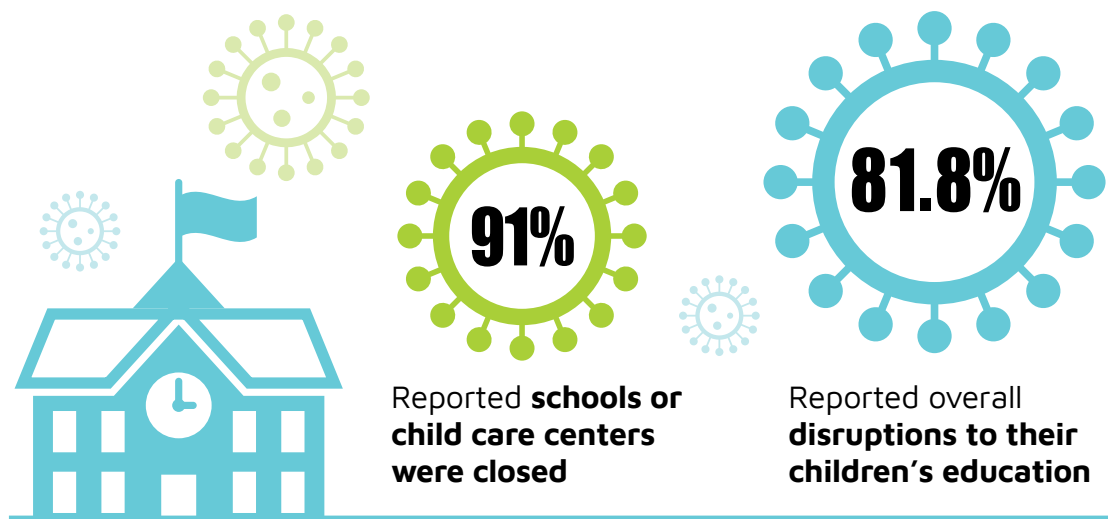
No hay la libertad. Se siente uno un poquito alejado...

“There is no freedom. It feels isolating...”

A mí me ha afectado mucho en la parte de amistades y eso porque, como se dice no hemos socializado, estoy perdiendo quizás no mi parte pero en la sociedad se puede estar perdiendo el amor, se puede estar perdiendo la amistad, el calor que uno sentía uno por el otro, entonces puede afectar en esa área. Entonces ahorita lo que más necesitamos en el mundo es estar unidos pero con estas cosas pues es imposible.”

“It has affected me a great deal in my friendships because, since we cannot socialize, I am losing, maybe not me, but in society in general we are losing love, we are losing friendship, warmth that we feel towards one another, this is an area that I think is being affected. So now what we need more than anything is to be united but with these things it is impossible.”

In terms of the disruptions the pandemic has had on children's lives, we see primary disruption in terms of schooling, with 91.0% of respondents reporting their children's schools or child care centers were closed leading to disruption and 81.8% reporting overall disruptions to their children's education.



As the nation transitioned to an online forum in order to social distance and slow the spread of the Coronavirus, disparities grew for communities that were already hard hit. As schools transition to online and healthcare becomes even more reliant on telehealth and telemedicine, many are being left behind. A recent publication by SAMHSA indicates that many Black and Latinx communities may not have regular access to internet, making it harder to participate in telehealth, remote work or online education.¹⁹ The American Medical Association (AMA) also provides data on this topic, citing that low-income Latinx families are unable to easily utilize new technology sources, such as telemedicine, as they emerge due to a higher reliance on smart phones for internet access and lower use of home broadband internet generally. The report also cites a lack of resources and opportunities, indicating that Latinx families have less access to computers or tablets per household member.⁹ This digital divide born out of lack of resources, only further contributes to the disparate impact of COVID-19 on this vulnerable population, causing more stress and anxiety, increasing barriers to resources and health care, thus perpetuating a vicious cycle of inequality within the community.

Hispanic and Latinx Ohioans also report challenges with the pivot to heavy reliance on virtual platforms and necessary broadband access.



”

...Porque hay mucha gente que es grande de edad, que todavía no usan la tecnología de Facebook, o no usan la tecnología...

“Because there are a lot of elderly people that still don’t use technology or Facebook. They don’t use technology...”

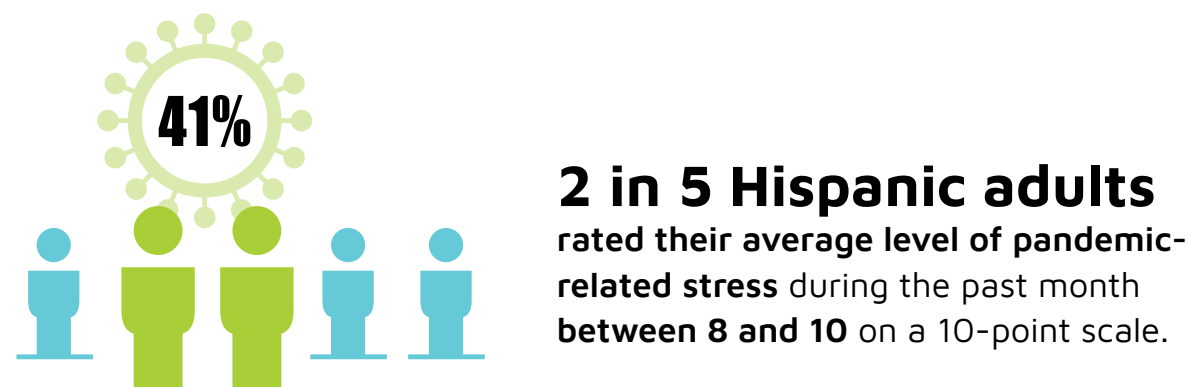
“Not everyone has smartphones or even internet... even those who do, they may not know how to use them well, like my parents, so it’s hard to do everything online now.”

“My youngest sibling (6 years old) had to do virtual learning which was difficult for my parents to navigate in terms of them being able to communicate with teachers, understand and help with homework. They had limited access to the computer thus it has been challenging for my brother to continue receiving care from the school psychologist and speech therapist. Luckily I am have been able to help my mom with communicating with his teachers and others, helping with his school work and helping provide access to a computer.”

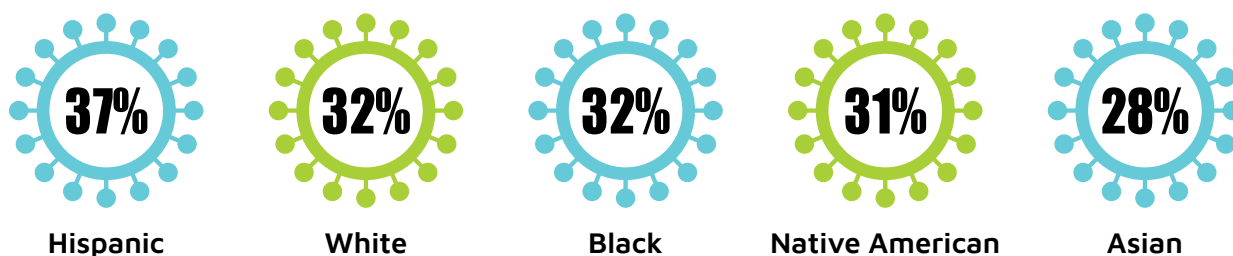


Physical and Mental Health Impact

The mental and behavioral health impact of the COVID-19 pandemic on Hispanics and Latinxs throughout the United States cannot be understated. Nationally, already existing mental and behavioral health disparities have been exacerbated by the pandemic with nearly 48% of Hispanic and Latinx adults reporting symptoms of anxiety disorder or depressive disorder over the last quarter of 2020,²⁵ a higher average than that of Non-Hispanic Black and Non-Hispanic White adults. In a survey conducted by the Kaiser Family Foundation, Hispanics reported the Coronavirus as having a major impact on their mental health as compared to White survey respondents.²⁶ Additionally, disparities in stress level among Hispanic and Latinxs compared to other communities have been noted. **According to a national survey, a little more than 2 in 5 Hispanic adults (41%) rated their average level of pandemic-related stress during the past month between 8 and 10 on a 10-point scale. Hispanics were also most likely to report they constantly or often stress as a result of COVID-19 (37%), as compared with White (32%), Black (32%), Native American (31%), and Asian (28%) adults.**²⁷ These results are further supported by a recent report published by the PEW Research Center which indicated that Hispanics were significantly more likely than the general U.S. population to see COVID-19 as a major threat to their health and finances, contributing to the disproportionate burden on Hispanics and Latinos in terms of daily COVID-related stress and hassles.²⁴





Reported COVID-19 adult stress level comparison:





Understanding the experience of stress, anxiety and depression in Hispanics and Latinxs is even more important in the context of the pandemic because of the relationship between mental health and physical health. While many people might think they are separate, physical and mental health are intrinsically linked and influence one another. For example, we know that stress, anxiety and depression can affect the immune system, making people more susceptible to illness, or possibly more susceptible to complications from the virus. Additionally, behaviors that can be associated with depression such as poor diet and lack of physical activity, can also contribute to potential illness. In fact, depression has been shown to increase the risk for chronic illnesses such as diabetes, stroke, cancer and heart disease, suggesting that these same behaviors may potentially pose increased risk for illness associated with COVID-19. Understanding how the pandemic may have impacted mental health in Ohio Hispanics and Latinxs and their health-related behaviors is critical for early identification of concerns and ongoing intervention efforts.

Based on the results from the survey, **Hispanics and Latinxs in Ohio reported negative mental health impacts with 83.5% of respondents having reported worsening anxiety and 79.4% having reported worsening mood. Survey results also indicated worsening of health behaviors associated with both physical and mental health. Among respondents, 66.3% reported declines in exercising, 64.7% reported worsening eating or diet, and 74.0% reported worsening sleep.** Asked to rate how much distress they have experienced on a 1-10 scale, 69.7% of respondents rated their distress level 7 and above. Asked to rate how much distress their children have experienced, 62.8% of respondents rated their children's distress level 7 and above.



Reported negative mental health impacts on Hispanics and Latinos in Ohio:

83.5% worsening anxiety

79.4% worsening mood

66.3% declines in exercising

64.7% worsening eating or diet

74% worsening sleep

”

...para mí fue muy traumático. Yo soy una persona que sufro un poquito de los nervios entonces esto para mí fue muy duro... en mi familia tengo 3 parientes cercanos que fallecieron con el covid pero lo que más fue que me tenía muy nerviosa era que justamente en 8 días, mi mamá estuvo con un pariente contagiado del covid y mi mamá es una persona que tiene el azúcar, una persona que sufre de osteoporosis y eso me mantuvo muy tensa pero la verdad no sé ella compartió mucho con la persona que falleció inclusive comieron estuvieron tan cerca juntos y mi mamá no se infectó. Ya cuando nos sentimos un poco tranquilos fue cuando ya pasaron los 15 días porque fue un médico que le hizo los exámenes y no es una experiencia muy agradable que creo cada uno de nosotros, es una experiencia que nos ha marcado la vida.

"For me it was very traumatic. I am a person who suffers from anxiety and this was tough for me ... In my family I have three close relatives who died of COVID but what really affected my anxiety was that my mom was with a relative who was infected with COVID for eight days and my mom has diabetes and osteoporosis and that had me really tense, but I don't know - she was really close to this person; they ate together. The person died but my mom was not infected. When we finally felt at ease was 15 days into it because we got tested and it is not a pleasant experience; it has really marked our lives."

Y además, lo más que yo entiendo que por lo menos a mí en lo personal me ha afectado, ha sido el que mi hija no esté en la escuela porque me ha afectado y emocionalmente, en mi salud se refleja, en todo. La presión que tengo que tratar de ayudarle a ella primero. Obvio, yo prefiero que ya está aquí en la casa porque primero es su salud, pero también su educación para mí es importante y entonces esa presión que tengo pues me ha descompuesto un poco en la salud y en lo demás...

"And also, what has really affected me personally is that my daughter is not in school and that has affected me emotionally and in my physical health in everything. The pressure I feel is trying to help her first. Obviously, I prefer to have her here at home with me because her health is the most important thing, but her education is also important, so I feel that pressure that has had an impact on my health..."



Pues bueno, de mi parte puedo decir que es darnos apoyo... La otra cosa sería buscar un psicólogo para que nos ayude.

"For me, I think it is to have more support ... The other thing would be to have mental health support available."

Yo estaba que no dormía o sea la ansiedad mía está a un nivel uff, por las nubes y tuve que entender que si estaba ese nivel de ansiedad, se la iba a pasar a la niña también. Ella también estaba ansiosa fue porque a pesar de cómo aquí está acostumbrado por el clima a estar todo el tiempo en la casa era más extremo o cuando sale a la escuela ya no hay nada. Ya no podemos ir a ver a nadie, ya no podemos salir a ningún lado, so.... la ansiedad fue terrible y aún así lidio con la niña que a veces se levanta triste, que tiene ganas de llorar, porque sé que ella no sabe todavía manejar bien esas emociones.

"I couldn't sleep, my anxiety level was through the roof and I had to recognize that if my anxiety was so high it was going to affect my daughter as well. She was also anxious because even though here we are used to being inside all the time because of the weather this was more extreme, there was really nothing outside of the house. We can't see anyone; we can't go anywhere, so ... The anxiety was terrible and even like that I had to deal with my daughter who would wake up sad, wanting to cry because I know that she still doesn't know how to control her emotions."





Access to Resources and Supports

Given the harmful economic impacts of the COVID-19 pandemic on the Hispanic and Latinx population in the United States, the ability to access financial supports and resources is critical. Access and benefit, however, has been lacking. According to the 2019 State of Latino Entrepreneurship Report, Hispanic and Latinx-owned businesses account for 4% of U.S. business revenues and 5.5% of U.S. employment.²⁸ Though a smaller percentage of US businesses, they are more likely than White-owned businesses to be in industries that experienced a more significant economic downturn and/or experienced more job losses due to various COVID-19 shutdowns. Despite these factors, Hispanics and Latinos did not benefit from policies intended to address economic losses, like the Paycheck Protection Program (PPP). During the first round of PPP funding, few Black and Latinx business owners who were eligible and applied for this program received funds. Reasons cited for this disparity in the receipt of funds include lack of working relationships and/or experience with lenders that are more experienced at serving Small Business Administration loans.²³

Additionally, protections for undocumented immigrants, many of whom are considered essential workers due to industry, are virtually nonexistent. Undocumented immigrants are ineligible for expanded unemployment insurance benefits, the initial stimulus payment disbursed under the CARES Act, and other safety net programs.²³

In Ohio, concerns with Hispanics and Latinxs accessing these safety net programs were also evident. Focus group participants described the following experiences with access to supports and resources.



Facilitator:

“¿Y otras personas han buscado ayuda o asistencia? ¿sí han perdido el trabajo, han recibido dinero del Gobierno?”

Todos Juntos:

“No no no no nada. No tenía nignun tipo de ayuda.”

“En mi trabajo, duré casi dos meses sin trabajar porque cerraron las tiendas, porque ves que cerraron todo, todos los lugares menos lo esencial. Y mi tienda no era esencial, entonces este, yo no recibí nada de dinero ni desempleo, ni nada porque donde yo trabajo es non-profit. Entonces ellos dijeron que no tenían los derechos de colectar nada de dinero. Y, no alcanzamos este dinero, como mucha gente que agarró desempleo.”



Facilitator:

“Have you sought out help? If you lost a job, did you get help from the government?”

All together:

“No no no, nothing. There wasn’t any form of assistance.”

“At my job, I spent almost two months without working because they closed the stores, they close everything; everything except the most essential stores. And the store where I work isn’t considered essential, so I didn’t receive anything, no unemployment, nothing because where I work is a non-profit. And so, they said that I wasn’t eligible for anything. And we didn’t get any of that money even though lots of people collected unemployment.”



Overall, it is clear that the COVID-19 pandemic has had a significant impact on the Hispanic and Latinx population in Ohio. It is important to note that our findings capture a single snapshot of impact, represent only a fraction of Hispanic and Latinx Ohioans, and we did not directly assess the impact on vulnerable subpopulations including undocumented, mixed-status, and migrant populations who face additional barriers and have unique needs. Results from the survey and from focus groups, however, do offer preliminary data and insight into the experience of Hispanic and Latinx Ohioans. While this report has outlined many of the adverse and concerning effects, Hispanic and Latinx Ohioans are resilient and identified positives that have emerged from this experience.

”

...valorar el tiempo, el tiempo de calidad con los hijos. Nosotros tenemos tiempo donde cómo hacemos muchas actividades, muchas actividades e íbamos con nuestra familia, pero no estamos con nuestra familia. Yo aquí, mis hijos por allá. Entonces, y ahora pues por todo esto nos estamos más enfocados en nuestros hijos y pasar tiempo de calidad con ellos sí y apoyándolos mucho más en lo que a ellos les gusta. Entonces, ahora como nosotros, nuestros hijos juegan fútbol entonces estamos mucho con ellos. Estamos apoyando mucho.

“Value time, quality time with children. We have time where we do many activities, many activities and we went with our family, but we are not with our family. Me here, my children there. Then, and now because of all this we are now focused on our children and spending quality time with them yes and supporting them much more in what they like. So now like us, our children play soccer so we are with them a lot. We are supporting a lot.”

Bueno, en lo personal, me gusta bailar y yo pongo música en mi cuarto y bailo y también me gusta jugar con mis nietos entonces eh eso me ha ayudado si me ha ayudado y también veo pues por por videos que me mandan predicaciones a cosas que hablan de Dios, eso ayuda muchísimo.

Well, personally, I like to dance and I put music in my room and I dance and I also like to play with my grandchildren so uh that has helped me if it helped me and I also see because of videos that they send me preaching to things that they talk about God of things that helps a lot.



...estoy compartiendo con mis hijos en el área de la escuela. Estar bien involucrada. En otro tiempo no estaba tan involucrada saber qué es lo que están aprendiendo y a la vez también aprendiendo. Y pues ellos apenas van en primer grado entonces a mí me sirve también mucho estar involucrada con ellos...

"... I am sharing with my children in the school area. Be well involved. In another time I was not so involved in knowing what they are learning and at the same time learning. Well, they just go to first grade, so being involved with them also helps me a lot ..."

Que hemos podido pasar más tiempo juntas mi hija y yo. Que la rutina diaria no es tan estricta.

"That my daughter and I have been able to spend more time together. That the daily routine is not so strict."

...pero también uno ha aprendido a valorar más verdad? A valorar más, a no dejar nada por sentado y saber que cualquier cosa puede pasar y uno debe estar preparado y no permitir que esa ansiedad se apodere de ti sino que trabajar con eso y seguir hacia adelante porque son cosas que no están en las manos de uno y que hay cosas que uno tiene que soltar porque definitivamente, ¿si tú no las puedes resolver, qué vas a hacer guardándola? Te da más ansiedad y te preocupas más y hay que dejar que las cosas pasen y confiar en Dios.

"... but also one learned to value more, right? To value more, to not take anything for granted and know that anything can happen and one must be prepared and not allow that anxiety to take over but to work with it and move forward because they are things that are not in the hands of one and that one can there are things that one has to let go of because definitely, if you can't solve them, what are you going to do, hold onto it? It gives you more anxiety and you worry more and you have to let things happen and trust God."





La vida es más simple. No hay que estar gastando en ropa todo el tiempo. La familia está más unida por lo de los medios sociales.

"Life is more simple. No need to spend in clothes all the time. Make extended family be closer because social media."

lo positivo que supimos valorar la importancia de estar con la familia valorar la salud y no lo material. tuvimos tiempo de estar con los hijos hay casos que los padres se pasan trabajando y no tienen tiempo para dedicar a los hijos.

"The positive thing that we knew how to value the importance of being with the family to value health and not the material things we had time to be with the children in cases that the parents spend working and do not have time to dedicate to the children."

hay mucha unión familiar, convivimos más y estamos más unidos creo que ha traído de todo!!!

"There is a lot of family union, we live together more and we are more united I think it has brought everything!"



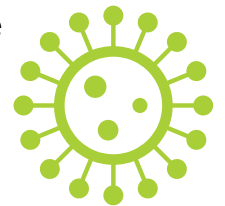
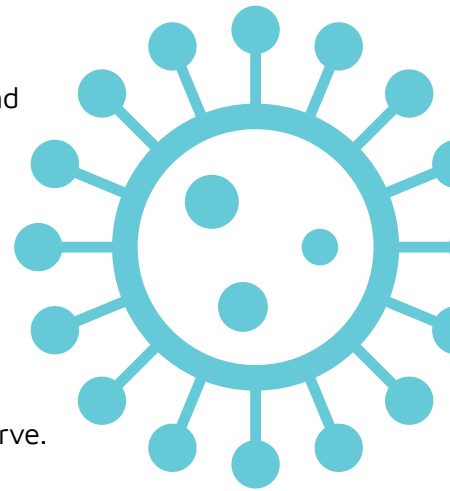


So while the pandemic has undoubtedly brought on much hardship and heartache for the community, at the same time there have been some powerful positive impacts. Findings offered some insight into the benefit-finding of Hispanic and Latinx Ohioans and things they have found to help them cope during this time. And, this information, which offers some insight into the community's strengths, values, and resilience, will be particularly important for recommendations for moving forward.

Recommendations

• Health information (language access, health communication)

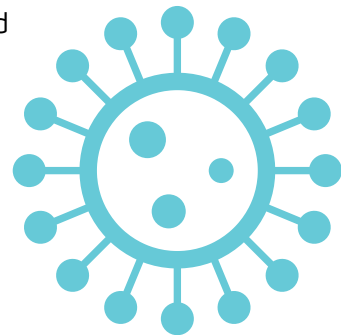
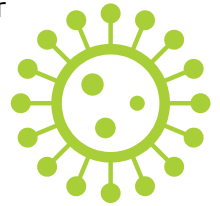
- Improved integration of communication networks with the community and healthcare system.
- Implementation of strategies to accelerate communication from public health authorities. Rapid translation and availability of public health and behavioral health information for quick and efficient dissemination. Creation of a feedback loop for acceleration of information that healthcare systems and providers receive about the communities they serve.
- Dissemination of information should be both broad and targeted with targeted dissemination focusing on those formats and modalities that are preferred among the Hispanic and Latinx population; this will include non-written material such as visual and audio dissemination.
- Development of targeted communications to address misinformation and/or inaccurate health information.
- Dissemination of information should include identified and trusted channels including print, radio, multimedia, and social media channels.
- The above would require establishing and nurturing partnerships with various organizations, who represent the targeted populations, to appropriately provide translation and interpretation services with the necessary staff and financial support to not overwhelm their capacity.
- This process should be formalized as a protocol for emergency management in the future.





• Safety recommendations

- Change needed to limit or end detention and/or deportation proceedings without adequate ability to address and maintain safety in this environment.
- Adequate protections should be provided for all essential workers with resources for businesses to support provisions. This includes industrial workers, persons working in meatpacking or livestock processing, other large warehouse processing and distributing facilities.
- Adequate protections for the safety of undocumented and detained immigrants who are particularly vulnerable due to the intersection of status, poverty, and limited access to resources. Ensuring that protections do not further increase risk for deportation.



• Safety net programs, resources

- Advocacy for ongoing policy changes needed to address eligibility for supports and resources and extend these supports and resources to marginalized and special populations including undocumented individuals and individuals with mixed-status households
- Support and resources for community-based organizations and other support services to help connect households and families to available resources, including support for community resource navigation services.
- Development of an information clearinghouse, available in English and Spanish, which provides ongoing and updated information regarding status of programs and resources.

• Digital divide

- Investment in cross-sector collaborative efforts to identify, support, and deliver immediate education technology tools and needs.
- Plan for identifying the necessary technology, infrastructure and capabilities to address inequities in broadband access.

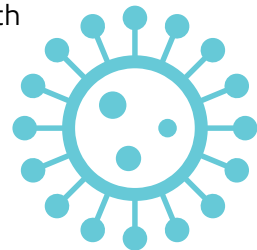


• **School disruption**

- Providing accessible information regarding learning resources available. Schools and districts may vary in what supports or resources are available for distance learning and even in-person learning, but making sure this information is easy to obtain, understand, and utilize is important. This involves including translated materials where needed.
- Providing varied options for maintaining contact or communication with teachers and school support staff, particularly for families with limited English proficiency.
- Providing clear communication and accessible information regarding instructional plans for the upcoming school year, including expected changes in modality of delivery, plans to facilitate any transitions, and resources for student and family support.

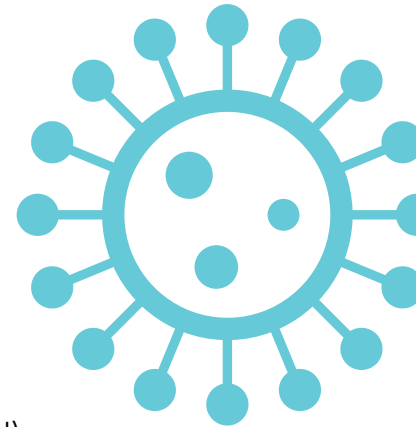
• **Behavioral health service access and expansion**

- Increasing cultural and linguistic competence of existing behavioral health services. Ongoing training in culturally and linguistically responsive behavioral and mental health provision and service delivery. This means moving beyond traditional annual training to requiring ongoing and continuous training as part of skill development, with this being tied back to incentives for accountability.
- Partnering with and increasing support and resources for community-based organizations providing existing services to targeted populations, building or increasing capacity of their behavioral health resources, and combatting barriers to care.
- Partnering with community-based organizations and other key community stakeholders to deliver culturally tailored behavioral health education. Behavioral health education outreach to the Hispanic/Latinx community should be informed by the needs of the community, targeted in messaging, and delivered through preferred and trusted channels.
- Investment in culturally responsive programs that increase connection and linkage to existing programs (e.g., community mental health navigator programs).
- Increasing capacity of community members to recognize signs of distress and provide brief support and intervention (e.g., mental health first aid training program).
- Investment in development of culturally and linguistically competent suicide prevention materials.





- Investment in models where behavioral health services are brought into the communities themselves or are provided in the communities themselves (e.g., promotores de salud mental, school-based behavioral health programs, integrated primary care services).
- Development of an information hub or marketplace, available in English and Spanish, with free or low-cost options for behavioral health services (e.g., non-profit options, local social services, training clinics).
- Ensuring sufficient insurance coverage and adequate reimbursement for behavioral health services.
- Ensuring ongoing and sufficient insurance coverage for behavioral health services delivered by telephone (audio only) and telehealth (audio and visual).
- Ensuring sufficient insurance coverage and reimbursement for language access and interpretation services.
- With the move to telemedicine as a way of providing service delivery, interfacing of these modalities with language access services must be reviewed to ensure they accommodate language services in a way that does not rely on the provider to problem-solve at the point of care.
- Review of current processes for credentialing or recognizing degrees or training obtained by community members in different countries, and changes to facilitate their integration into the workforce while assuring competency.
- Investment in programs and pipeline programs that seek to promote mental and behavioral health careers for young community members in targeted populations to increase representation of Hispanics and Latinxs in the behavioral health workforce.



- **Trauma informed care (TIC)**

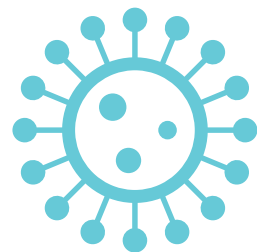
- Advocacy for adoption of trauma-informed care to promote resilience and prevent re-traumatization across organizations and systems of care.
- Emphasis on cultural proficiency and cultural factors as strengths in trauma-informed care.



- Increasing training of providers and organizations in trauma-informed care, attending to the various sources of trauma for Hispanics and Latinxs (both patients and organizational staff) in the context of the current pandemic.
- Increasing support and resources for organizations to effectively adopt and sustain utilization of the trauma-informed care framework.
- Increasing identification and utilization of cultural brokers in TIC and across settings.

• Resilience

- Utilization of strength-based and empowerment approaches, and leveraging of cultural strengths and values, in developing programming or services intended to mitigate negative impacts and promote positive growth.
- Partnering with community champions and other trusted entities within the local Hispanic and Latinx community (e.g., social service agencies, faith-based organizations, and other community-based organizations) on support programs and initiatives.
- Leveraging social networks for dissemination of education and information.
- Leveraging family and community-oriented approaches for collective responsibility and community impact.



• Structural transformation for equity

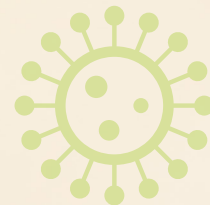
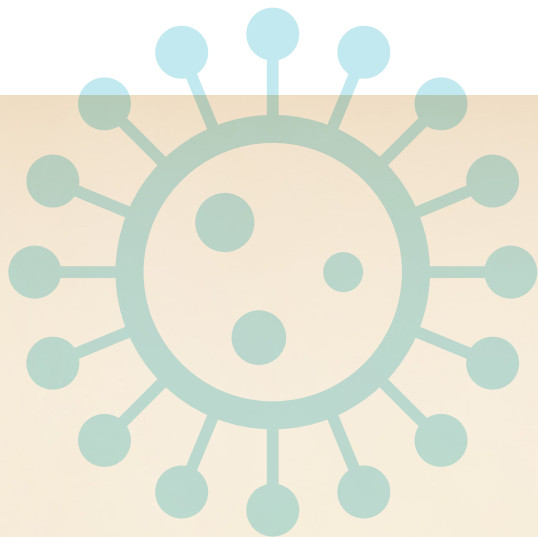
- Advocacy for affordable, high quality insurance for all to promote health equity and address health disparities.
- The pandemic has highlighted that a more robust public health and state level response is needed to address structural and systemic factors that make marginalized populations uniquely vulnerable.
- Steps should be taken to involve community members and key stakeholders from these communities as a continuous process.
- A review of current inclusive engagement strategies for how larger state organizations and systems interface with marginalized communities is needed. This should include a review of current inclusive engagement strategies.



- A public involvement plan for the purpose of consistent application of inclusive engagement strategies should be developed with ongoing and permanent involvement of key stakeholders from these communities.
 - Public, key community stakeholders, and members of marginalized communities should serve in an inform, consult, collaborate and shared-decision making model.
 - Emphasis on structural analysis and addressing structural inequality as a root cause of disparities. This includes developing cross-sector collaborations and interventions to address structure, and investing in ongoing training on combatting structural inequalities, including equity, social justice, and antiracism training.
 - Racial equity and health equity impact analyses for all related efforts to promote accountability. This should include clearly identifying equity outcomes that align community indicators and desired results with program quality and performance measures.
- **Vaccination uptake and dissemination** *(Note: Data for this report were collected prior to availability of vaccines but recommendations are provided based on national data.)*
- Formation of a community advisory board with community champions and stakeholders to help inform ongoing vaccine rollout among Hispanic and Latinx Ohioans.
 - Targeted and tailored health communication messaging developed for Hispanics and Latinxs to address vaccine hesitancy, including messaging that combats widespread vaccine misinformation.
 - Targeted messaging and communication by local policymakers and community leaders developed to address hesitancy related to anti-immigrant rhetoric, and to reassure individuals that information remains private and receipt of vaccine will not result in increased risk for deportation or loss of public benefits.
 - Prioritizing undocumented immigrants and immigrants currently in detention as particularly vulnerable due to the intersection of status, poverty, limited access to healthcare, and risk of infection due to job status (e.g, essential workers) and living conditions (e.g., crowded detention facilities).
 - Delivery of vaccine messaging via various channels, formats and modalities preferred among the Hispanic and Latinx community.



- Ensuring language access throughout systems for vaccine sign-ups and appointments.
- Providing opportunity for individuals to schedule a vaccine appointment by telephone to address concerns with unequal internet use and access and/or digital literacy.
- Partnering with community-based organizations, faith-based organizations, and other key community partners to build trust with community and to disseminate vaccines.
- Utilization of pop-up vaccination clinics at frequented community sites and/or popular community locations. Utilization of mobile clinics with varied times to accommodate schedules of individuals who may not be able to take off work. Vaccine clinics not requiring an appointment should be offered to reduce scheduling barriers.
- Commission an in-depth study or examination of the vaccination roll out for Hispanic and Latinxs in Ohio to inform future planning for public health emergencies.





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